

# **2005 NATIONAL HUMAN DOGSLED RACE** **CHAMPIONSHIP**

## **Team Entry Form**

**Please return completed forms AND waivers by MONDAY FEB. 7th, 2005**

**To:**

Lowell City Manager's Office  
Lowell City Hall  
01852

or via Fax: **(978)970-4007**

- ✓ ENTRY FEES CAN BE PAID AT CHECK-IN, \$25.00 per team.
  - [PAYABLE TO: Merrimack Valley CVB]
- ✓ **DAILY RACE CHECK-IN:**
  - **30 MINUTES BEFORE 1<sup>st</sup> SCHEDULED RACE**

**TEAM NAME:** \_\_\_\_\_

**1) TEAM CAPTAIN:** \_\_\_\_\_

**2) TEAM MEMBER NAMES:**

- ☐ 1. \_\_\_\_\_
- ☐ 2. \_\_\_\_\_
- ☐ 3. \_\_\_\_\_
- ☐ 4. \_\_\_\_\_
- ☐ 5. \_\_\_\_\_
- ☐ 6. \_\_\_\_\_

**3) CONTACT NAME & NUMBER**

1. \_\_\_\_\_ ( ) \_\_\_\_\_

2. \_\_\_\_\_ ( ) \_\_\_\_\_

**4) Team you are challenging (if any)** \_\_\_\_\_

**5) Please return this completed page along with a signed release form each team member to the above address/fax.**